ayment to Agency Re	eport A Public Docume	ent	PAYMENT TO AGENCY REPORT
. Agency Name		Date Stamp	California 201
California Energy Commission			Form OUI
Division, Department, or Reg	ion (if applicable)		For Official Use Only
Small Offices / Commission	ers Office		
Street Address	SAME AND	-	
1516 9th Street			
Area Code/Phone Number	Email		
(916) 654-5166	pamela.doughman@energy.ca.gov	☐ Amendment	(explain in comment section)
Agency Contact (name and title)	3 3 3, 3	Date of Original I	
	r to Chair Robert B. Weisenmiller		(month, day, year)
		u karana mana	
Donor Name and Addre	SS	Poord on Engr	av 8 Environmental Systems
☐ Individual		her Board on Energ	gy & Environmental Systems
Last Name 500 Fifth Street, NW	First Name Washington	г	Name DC 20001
Address	City		ate Zip Code
	nittees to provide expert advice through stud		100046 / 10004 1000 910 Shake
		iles on issues in scie	erice, tech & public policy.
If "Other" is marked, describe the entity:	s business activity (if business) or its nature and interests.		
If applicable, ic	dentify the name of each source and the amount	(s) received by the dor	nor for this payment:
	•		
Name	\$ Amount	Name	Amount
Payment Information (C	complete Sections 3.1 (a or b), 3.2, 3.3	3)	
	Washington, DC		December 12-14, 2018
3.1 (a) Travel Payment	Location of Travel	 -	Dates (month, day, year)
Southwest Airlines		K	Cimpton George Hotel
Transportation Provider		Auto Other	Name of Lodging Facility
362.00	Check Applicable Boxes 157.00 a 377.96		896.96
\$\$ Lodging Expenses	Meal Expenses Transportation Expenses	\$Other Expenses	\$
		c	•
3.1 (b) Payment(s) not rel		onth, day, year)	Total Expenses
2.2 Daymant Dasswinting	STATE OF THE STATE	Eller (B) - and distance of the	
	. Provide a specific description of the pa	=======================================	
	BEES winter meeting, Chair Weisen		
	rgy Commission's research and dev		
edge innovations to he	Ip achieve the state's ambitious ene	rgy and environm	nental goals.
3.3. Identify the officials v	who used the payment in Section 3.1 (See	instructions)	
Weisenmiller	Robert Chair		SmallOffices/Commissione
Last Name	First Name	Position/Title	Department/Division
CONSTRUCTOR (A.C. TATALATO	100 (1000) 1000 (1000) 1000 (1000)		
Last Name	First Name	Position/Title	Department/Division
Verification			
A Company of the Comp	of the reported payment(s) as in compliance	se with EDDC regular	tions
authorized trie acceptance			10/20/10
() numice		Chief Deputy Directo	190110
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment f	for any additional information)		EDBC Form 904 / Jan/4

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